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TO RUEHC/SECSTATE WASHDC 4434
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RUEHEG/AMEMBASSY CAIRO 3501
RUEHLB/AMEMBASSY BEIRUT 4813
RUEHGB/AMEMBASSY BAGHDAD 0618
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RUEHTV/AMEMBASSY TEL AVIV 2046
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RUEHMS/AMEMBASSY MUSCAT 0089
RUEHMK/AMEMBASSY MANAMA 0635
RUEHAD/AMEMBASSY ABU DHABI 1355
RUEHDI/AMCONSUL DUBAI 0152
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RUEHPNH/NVC PORTSMOUTH 6418
RUEAHLA/HOMELAND SECURITY CENTER WASHINGTON DC
RUEAIIA/CIA WASHDC
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TAGS: [CVIS](#) [CASC](#) [OEXC](#) [SCUL](#) [KFRD](#) [SY](#)
SUBJECT: THE SYRIAN-AMERICAN MEDICAL CONNECTION

11. (SBU) Summary: Doctors receive the vast majority of the H1-B visas and nearly half of the J-1 visas issued at Embassy Damascus. They are likewise responsible for a substantial portion of the B-1/B-2 visas issued at Post. Syrian doctors typically remain in the U.S. at least until they naturalize, spending part of that time working in underserved areas. In addition to contributing their talents to the U.S. medical field, many have donated their time and money to improving healthcare in Syria. This aspect of the U.S.-Syrian bilateral relationship has been supported by the SARG, and Post has worked to ensure that this important conduit remains free from fraud. End summary.

DOCTORS: THE BREAD AND BUTTER OF THE NIV UNIT

12. (SBU) Syria is not well-known in the United States as a bountiful repository of top-notch medical talent, but that reputation would be well-deserved. A common claim heard in Damascus is that Syria is second only to India as a source of foreign-born doctors working in the US. While this statistic is apocryphal, the numbers from the NIV database clearly demonstrate that doctors are a valuable Syrian export. Of the 74 H1-B visas issued to Syrian citizens worldwide in 2006 (66 of them in Damascus), 54 of them were issued to doctors or dentists (nearly 73 percent of the total). Likewise, they constitute a substantial portion of J-1 visa holders. Doctors performing their residencies and medical students taking clinical observerships accounted for 79 of the 180 (or 43.9 percent) J-1 visas issued to Syrians in 2006. (Most of the rest were participants in the DOS International Visitor Program.)

¶3. (SBU) These numbers may seem small compared to the 4,232 NIVs issued to Syrians in Damascus in 2006, but they have powerful multiplier effects. Doctors' spouses and children comprise a similar proportion of the H-4 and J-2 derivatives issued at post, and several B-1/B-2 applicants per day are their parents and siblings. More importantly, the H1-B or J-1 visas are seldom the first U.S. visas these doctors have held. Often, doctors in their early 20s will apply for a B-1/B-2 visa, either to take a medical elective or the Step 2 Clinical Skills (CS) Exam of the U.S. Medical Licensing Exam (USMLE), which must be taken in the U.S., or to participate in the National Residency Matching Program (NRMP).

A LEGAL PATH TO U.S. CITIZENSHIP

¶4. (SBU) Syrian doctors commonly parlay their first B-1/B-2 into a J-1 residency, followed by a period as an H1-B doctor. (Internists, hospitalists, obstetricians, and oncologists seem to be the most common specializations.) Later, they adjust status to Legal Permanent Residency, and finally naturalize as U.S. citizens.

¶5. (SBU) In addition to enhancing the talent pool of the United States, Syrian doctors also contribute to its diversity. In order to remain in the U.S. after the end of their residencies as J-1 visa holders, doctors must receive a waiver of Section 212(e) of the INA. The easiest way to receive a waiver is to serve as an H1-B doctor in an underserved area, which is usually rural and remote. As a result, Syrian doctors bring their families and their culture to places far removed from the handful of urban enclaves favored by Syrian immigrants on family-based petitions.

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¶6. (SBU) Because of the security and opportunities citizenship affords them and their children, these doctors are loath to violate their status. Being very family-oriented, Syrian doctors often return to visit their relatives in Syria, and the relatively short validity of visas for Syrians (multiple-entry, two-year for J-1s and one-entry, three-month H1-Bs) means that they have to maintain their legal status scrupulously. They are therefore more likely to overcome 214(b) than the broader Syrian applicant pool.

FRAUD ISOLATED, NOT ENDEMIC

¶7. (SBU) With young and often single Syrian doctors applying for their first visas shortly after their graduation from medical school, the best way to determine their commitment to adhere to immigration law is often to judge the quality of their scholarship. Therefore, the discovery in late October of this year that a B-1/B-2 applicant had presented a fraudulent Step 2 CS exam score was a troubling development. (Thus far, Post has discovered only one fraudulent USMLE document.)

¶8. (SBU) Until mid-August of this year, USMLE results were distributed by regular mail and printed on paper with strong security features. Since then, the ECFMG (the body that sanctions the USMLE) has been distributing the results in PDF format on its website. While USMLE results are never the sole factor in determining visa eligibility, the ability of applicants to forge these important documents more easily raises concerns. Post has found ECFMG officials willing to confirm the authenticity of these documents after the fraud was brought to their attention.

DUAL CITIZEN DOCTORS GIVE BACK THROUGH NGO

¶9. (SBU) One "offspring" of the Syrian-U.S. medical relationship is the Syrian-American Medical Society (SAMS). SAMS is an apolitical, non-profit organization founded by American medical professionals of Syrian descent in 1998. With several hundred US-based members and regional/state chapters, the organization's objectives encompass a range of professional, educational, humanitarian and cultural

activities. Each July, with the Syrian government's full support, SAMS holds an annual conference in Syria. Many members spend several weeks in Syria around this conference teaching best practices at local hospitals and medical schools, and donating pro bono medical care to needy Syrians. In Syria, since local law will not allow SAMS to establish a Syrian chapter, there is a separate, independent association known as the Syrian American Medical Association (SAMA).

¶10. (SBU) Establishing a more permanent footprint in Syria, two SAMS members recently broke ground on the Syrian-American Medical City, a private diagnostic hospital being constructed in suburban Damascus, tentatively set to open in the summer of 2008. A separate group of Syrian-American doctors, 26 in all, plans to begin construction of a second hospital called, confusingly, the Syrian-American Medical Center. Slated for completion sometime in mid-2010, it will feature a cancer ward, a transplant center, and a neonatal intensive care unit.

¶11. (SBU) Comment: Despite ongoing tensions between the two countries, the Syrian-American medical relationship has faced little

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apparent opposition from the SARG. While visitors identified through PD exchange programs have been directly discouraged by the SARG from using or even receiving their visas, Post has no indication that doctors have faced similar intimidation. Likewise, there have been no reports of harassment of U.S.-trained doctors when they return to Syria. Although many Syrian doctors choose to remain in the U.S., the relationships they maintain with the Syrian medical establishment, and the contributions made by those who return, appear to have convinced the SARG to support this aspect of our bilateral relationship.

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